## Notification of Hazardous Waste Site

**United States** Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of pager. Indicate the letter of the item which applies.

	Person Required to Notify:		1						
	Enter the name and address of the person or organization required to notify.		Name BAYSIDE DISPOSAL COMPANY Street 7201 WEST MARGINAL WAY S. W.						
			City S	EATTLE			State WA	Zip Code 981	06
В	Site Location:						1.	Piles	1
	Enter the common name (if know	Name of Site	ATT	ACHED +	Trst	Ave	Dridge	Land	
	actual location of the site.		W of E Maginal wys / Fidalgo St - VAcan + Lot Street Next to OH Gypsten (a Block						
		,	City O	eatti	County	King	State W	A. Zip Code 98	108
C	Person to Contact:				• • • • • • • • • • • • • • • • • • • •				
	Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.		Name (Last, First and Title) GROVER, SIDNEY, MANAGER  Phone 206-762-3000						
D	Dates of Waste Handling:				-			_	
9550		Enter the years that you estimate waste		101-		100:			
	treatment, storage, or disposal began and		From (Year)	1965	To (Year)	1981			
	ended at the site.								
					÷			*	
E	Waste Type: Choose the option	ou von, bi	refer to con	nplete	. 3			-	
_									
	Option I: Select general waste types and source you do not know the general waste types or sou encouraged to describe the site in Item I—Descri		r sources, y	ou are	Resource (		on and Recover	ry Act (RCRA) Sec	
	General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.  Source of Waste: Place an X in the appropriate boxes.			Specific T	ype of Wa	ste:			
							our-digit numb	and an anal banes	OUS Wast
					listed in th	e regulatio	ns under Sect	ion 3001 of RCRA	. Enter th
		boxes.			listed in the appropriate the list of	ne regulation e four-digit hazardous	ons under Sect number in the wastes and co	ion 3001 of RCRA boxes provided. des can be obtain	. Enter th A copy of ed by
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	Notification of Hazardous Waste Site	Side Two							
F	Waste Quantity	Facility Type	Total Facilian W						
	Place an X in the appropriate boxes to indicate the facility types found at the site.		Total Facility Was						
	In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site	2. Land Treatment	The second of th	CNOWN					
		3. ☼ Landfill  • 4. ☐ Tanks	gallons						
	using cubic feet or gallons.	5. D Impoundment	Total Facility Area						
	In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	6. Underground Injection	square feet UNK	CNOWN					
		7. Drums, Above Ground 8. Drums, Below Ground	acres						
		9. Other (Specify)							
G	Known, Suspected or Likely Releases to the Environment:								
	Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.								
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assess hazardous waste sites. Although completing the items is not required, you are encouraged to do so								
H	Sketch Map of Site Location: (Option								
	Sketch a map showing streets, highways, routes or other prominent landmarks near								
	the site. Place an X on the map to indicate			1					
	the site location. Draw an arrow showing the direction north. You may substitute a								
	publishing map showing the site location.								
		SEE ATTACHED							
			.*	` ` .					
				4. 10. 1					
			<b>5</b>						
			3	4					
1	Description of Site: (Optional)		•						
	Description of Site: (Optional)  Describe the history and present								
	conditions of the site. Give directions to								
	the site and describe any nearby wells, springs, lakes, or housing. Include such								
	information as how waste was disposed and where the waste came from. Provide								
	any other information or comments which		•						
	may help describe the site conditions.	UNKNOWN	7.2						
i									
J	Signature and Title:								
J	Signature and Title: The person or authorized representative								
	(such as plant managers, superintendents,	Name SIDNEY V. GROVE	☐ Owner, Present						
	trustees or attorneys) of persons required to notify must sign the form and provide a	Street 7201 WEST MARGIN	Owner, Past						
	mailing address (if different than address in item A). For other persons providing notification, the signature is optional.	City SFATTLE State WA Zip Code 9 8 1 06							
	Check the boxes which best describe the relationship to the site of the person	12 1/ (1	☐ Operator, Past ☐ Other						
	required to notify. If you are not required	Signature Selviny V. Dro-ut	Date 6-2-81	L Ottiel					
	to notify check "Other"	/ 4 ^ 4 /	ACED						